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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

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Website: www.maine.gov/ethics

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	viously filed statement for the calendar year :	2007.	ear of Malasas of the
	LEGISLATOR INFORMATION		
Name	The state of the s	Member of:	
GLENN A. CUMMINGS		<b>⊠</b> House	☐ Senate
Mailing address		District	
24 NEVINS STREET		115	•
City, zip code	Takes	Phone	
PORTLAND, ME 04103			2560
Transfer and the second processing of the second processing and the se			-
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employ principal type of economic activity of each en	er from whom you received compensation on ployer.	of \$1,000 or mo	re.' Specify the
Name of Employer	Address	Principal Typ Activity o	e of Economic f Employer
SOUTHERN MAINE COMMUNITY  COLLEGE	2 FORT ROAD  SOUTH PORTLAND, ME 04104	HIGHER EDUCAT	<b>To√</b>
			All and a second se
	THE AMERICAN PROPERTY OF THE AMERICAN PROPERTY		
for	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
A. List the name and address of your busi derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas of ecship, firm, professional association, or simila	onomic activity : ar business entit	from which you y, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Ac (partnership, ass	s of Economic tivity sociation or similar ss entity)
Name:			
Address:			
Name:	A STATE OF THE ACCUMULATION OF THE STATE OF	· · · · · · · · · · · · · · · · · · ·	e e e e e e e e e e e e e e e e e e e
Address:			
Auguston.			

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	YMENT			
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the put the entity or person from whom the income was derived.	derived such income. If this form of principal type of economic activity of			
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: Address:				
Name:				
Address:				
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	TO SHARE THE PROPERTY OF THE PARTY OF THE PA			
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)			
Name: Address:				
Name:	The same of the sa			
Address:				
PART 4. OTHER SOURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.			
□ None Name and Address of Source	Kind of Income			
Name: CAPITAL PORTFOLIO - VANGUARO MUTVAL FUNDI	(investments, leases, etc.)  INVESTMENT			
Address:				
Name: EXXON - MOBILE	INVESTMENT -			
Address:	DIVIDEND			
PART 5. REPORTABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major			
None	Chiliphologiaanigadhabadhalanga maannooniganiganiga oo gareey - yage, iya dha alabdigankooniganigan			
Name and Address of Creditor	Principal Type of Economic Activity of Creditor			
Name:				
Address:	t. Da 2000 Colondo delonio <del>del mando del ma</del> ndo			
Name:				
Address:				
PART 6. REPORTABLE GIFTS	i sa e			
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If			
□ None	The second secon			
Name of Source of Gift Name of S  1. 3.	Source of Gift			
2. 4	ja Vinder kande dengam danima kaman in mengeri termen kanan			

PART 7. REPORTABLE	ONO	RARIA				
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.						
□ None	· · · · · · · · · · · · · · · · · · ·	man Annual An Annual An				
Name of Source of Honoraria	1347 EF *	Ņ	ame of Source of Honoraria			
1. 3.						
2. 4.	TO THE POST OF THE	The state of the s				
PART 8. REPRESENTATION BEFO	RE ST	ATE A	AGENCIES			
List each executive branch agency before which you represented or assis the box.	ted othe	rs for	compensation of any amount. If none, check			
None	-					
Name of Agency		ile V	Name of Agency			
1. 3.			•			
2. 4.		-				
PĀRT 9. BUSINESS WITH ST	ATE A	GENC	ÆS "			
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.	diate fa	nily so	lld goods or services with a value in excess of			
None	***************************************	A CONTRACTOR OF THE STATE OF TH	1			
Name of Agency	1		Name of Agency			
1. 3.						
2. 4.						
PÄRT 10. INCOME RECEIVED BY MEMBI	RS OI	: IMM	EDIATE FAMILY			
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.						
Type of Economic Activity Representing Source of Income Received	Circle appropriate letter		Kind of Income			
1. EDUCATION SERVICES (TEACHER ADMINISTRATION)	(S)	D	EMPLOYMENT			
2.	S	D				
3.	S	D				
4.	s	D				
SIGNATURE						
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)						
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	०१ ५ १०	J per business day until the report is filed.			
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Cowillfully filed a false statement, it shall refer its findings of fact to the Attor	nmissio	n con				
(1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Continuous conti	mmissioney Ger require ry ques	on con neral. d state stion a	cludes that it appears that a Legislator has ement or has willfully filed a false statement, and shall be precluded from voting on any			
(1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Cowillfully filed a false statement, it shall refer its findings of fact to the Attor If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on ever question in committee or in either branch of the Legislature, and shall	mmissioney Ger require ry ques	on con neral. d state stion a	cludes that it appears that a Legislator has ement or has willfully filed a false statement, and shall be precluded from voting on any			

NAME:	-					DATE:		334			ATA
ADDRESS:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	**************************************	200	empropriye <del>y (1990) (d. 1</del> 0. min <b>in</b> s <b>an</b> san san <b>in</b> san		<u> </u>	-		-	
M. A		ADDITIONAL INFORMATION							÷		
Please provide information you a	any additio	onal information b	pelow (and	on additiona	I sheets if ne	eeded). I	ndicate	the part o	r section	number	for the
Part/Section Number	19 days days and the second	The state of the s				ramer en parecrata regimento nos	was a vini and dample 1	-19477 -19 -24777 -19 -34777 -19	Surgery and a stage page masses	The second secon	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
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